

RECEIVED
CENTRAL FAX CENTER

JUN 02 2005

PATENTSIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: SCHNEIDER-NIESKINS

SERIAL NO: 10/683,754

EXAMINER: D. Isabella

FILED: October 10, 2003

GROUP: 3738

TITLE: BREAST PROSTHESIS HAVING AN ADHESIVE LAYER

AMENDMENT IN RESPONSE TO FIRST OFFICE ACTION

MAIL STOP AMENDMENT

Honorable Commissioner of Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

In response to the First Office Action dated February 09, 2005 with the due date for response being May 09, 2005. Please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

06/08/2005 THAKIN 00000001 032460 10683754

01 FC:P251 60.00 DR
02 FC:P251 100.00 DR

R:\Patent\SCHNEIDER-NIESKIN\10_1st_OFFICE_ACTION.vpd

- 1 -

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10683754

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	<i>12</i>	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	<i>12</i> minus 20 = *	<i>0</i>
INDEPENDENT CLAIMS	<i>2</i> minus 3 = *	<i>0</i>
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* <i>1.0</i>	Minus ** <i>20</i>	= <i>-</i>
Independent	* <i>4</i>	Minus *** <i>3</i>	= <i>1</i>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL	<i>385</i>	OR	TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
<i>100.00</i> X43=	<i>100.00</i>	OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE	<i>100.00</i>	OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.